

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106875

**Entity Name:** SABER - NORTH PORT, LLC

**Current Principal Place of Business:**

C/O MICHAEL G. KLINGER  
20900 N.E. 30TH AVE., STE. 812  
AVENTURA, FL 33180

**Current Mailing Address:**

C/O MICHAEL G. KLINGER  
20900 N.E. 30TH AVE., STE. 812  
AVENTURA, FL 33180 US

**FEI Number:** 27-3653615

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MADDEN, JOSEPH MESQ.  
2277 MAIN STREET  
FT. MYERS, FL 33901 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SABER REAL ESTATE ADVISORS, LLC  
Address 80 BUSINESS PARK DRIVE  
City-State-Zip: ARMONK NY 10504

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL KLINGER

**MANAGING MEMBER**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date